

**DEVELOPMENTAL COUNSELING FORM**

For use of this form, see FM 22-100; the proponent agency is TRADOC

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)  
**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.  
**DISCLOSURE:** Disclosure is voluntary.

**PART I - ADMINISTRATIVE DATA**

Name (Last, First, MI) SMITH, Jason	Rank/Grade PVT	Social Security No. 000-22-1111	Date of Counseling 28 May 2007
Organization E Co, 23-2 AVN REGT		Name and Title of Counselor NEIL M. FIDO, CPT, OD, COMMANDING	

**PART II - BACKGROUND INFORMATION**

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

PVT JASON SMITH Chapter 5-17 Counseling

**PART III - SUMMARY OF COUNSELING**

Complete this section during or immediately subsequent to counseling.

**Key Points of Discussion:**

On Monday, 8 Dec 2006, you informed your Platoon Sergeant, SFC Arnold, that you desired to see the Chaplain. When he inquired if there was anything wrong, you stated you were regularly cutting yourself in order to relieve stress. We had the BDE Chaplain talk with you; we as a group discussed our concern and offered our support.

From the TMC, you received a referral to 121 Mental Health Hospital. They decided to keep you for observation until Monday, 15 Dec 2006. The pertinent diagnostic findings of the Inpatient Psychiatry Clinic was "Initially mood low. Pt report(s) stress from his unit and results to self mutilation. Pt has a long history of depression with episodes of suicide attempts and self mutilation in past. Poor coping skills." The evaluation also stated you may experience intermittent suicidal urges, loss of emotional control, mood instability, and impulsive-aggressive behavior towards self, others, and property.

PVT Jason Smith, I am initiating action to separate you from the Army service effective immediately IAW paragraph 5-17, AR 635-200. As your commander, I would take the appropriate measures to make sure you get the help you need prior to your separation from the service.

Your mental health evaluation at the 121st Combat Support Hospital located in Youngsan, indicated that the best for you and the Army service is for you to start separation from the military service.

I am recommending that you be placed on a rehabilitation period for not less than 30 days. Immediately following this period, you will be counseled on your progress and fit for duty status. Understand that your failure or unwillingness to be rehabilitated will result in you being administratively separated from the service IAW AR 635-200, Chapter 5-17. Your rehabilitation will include health and welfare inspections by your chain of command, that you attend all required mental health follow up appointments and become fit for mobilization and duty.

IAW 5-17, AR 635-200, the least favorable type you can receive is an Honorable Discharge.

If your substandard conduct continues, action may be initiated to separate you from the army under AR 635-200. If you are involuntarily separated you could receive an honorable discharge, a general (under honorable conditions) discharge, or an under other than honorable conditions discharge. An honorable discharge may be awarded under any provision. A general discharge may be awarded for separation upon all chapters. An under other than honorable conditions discharge may be awarded for separation upon chapter 14. If you receive an honorable discharge, you will be qualified for most benefits resulting from military service. An involuntary honorable discharge however will disqualify you from reenlistment for some period of time and may disqualify you from receiving transitional benefits (e.g. commissary, housing, health benefits and the Montgomery GI Bill). If you receive a general discharge, you will be ineligible for reenlistment and for most benefits, and the Montgomery GI Bill. You may face difficulty in obtaining civilian employment, as employers have a low regard for general and under other than honorable conditions discharge. Although there are agencies to which you may apply to have the chapter of your discharge changed, it is unlikely that such application will be successful.

**OTHER INSTRUCTIONS**

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

**Plan of Action:** (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

- Attend all treatment at the Mental Health Clinic to include follow-up appointments at the TMC
- Recieve medication twice daily from Chain of Command
- Immediatly inform someboy if you are thinking of hurting yourself or others
- You are being placed on Suicide Watch
- Return in 30 days for follow up counseling

**Session Closing:** (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual Counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** (Leader's responsibilities in implementing the plan of action.)

Counsel PVT Smith in 30 days

Conduct health and welfare inspections (remove any hazardous material including knives and weapons)

Observe Soldier on a daily basis

Ensure Soldier complies with follow-up appointments

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART IV - ASSESSMENT OF THE PLAN OF ACTION

**Assessment:** (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: \_\_\_\_\_ Individual \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Note:** Both the counselor and the individual counseled should retain a record of the counseling.